

NOV 18 2005

<b>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application No.</td> <td>09/933,535</td> </tr> <tr> <td>Filing Date</td> <td>August 20, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Edward O. Shaffer II</td> </tr> <tr> <td>Group Art Unit</td> <td>2891</td> </tr> <tr> <td>Examiner Name</td> <td>Asok Sarkar</td> </tr> <tr> <td>Attorney Docket No.</td> <td>60939B</td> </tr> <tr> <td>Express Mail Label No.</td> <td>N/A</td> </tr> </table>	Application No.	09/933,535	Filing Date	August 20, 2001	First Named Inventor	Edward O. Shaffer II	Group Art Unit	2891	Examiner Name	Asok Sarkar	Attorney Docket No.	60939B	Express Mail Label No.	N/A
Application No.	09/933,535														
Filing Date	August 20, 2001														
First Named Inventor	Edward O. Shaffer II														
Group Art Unit	2891														
Examiner Name	Asok Sarkar														
Attorney Docket No.	60939B														
Express Mail Label No.	N/A														
<p><small>This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application. Note: 37 CFR §1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 CFR §1.53(d) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA.</small></p>															
<p><b>1. Submission required under 37 CFR §1.114</b></p> <p>a. <b>Previously submitted</b></p> <p>i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on _____ (any unentered amendment(s) referred to above will be entered)</p> <p>ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>iii. <input type="checkbox"/> Other: _____</p> <p>b. <b>Enclosed</b></p> <p>i. <input type="checkbox"/> Amendment/Reply</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</p> <p>iii. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>iv. <input checked="" type="checkbox"/> Other: A copy of the <u>Petition for Withdrawal from Issue under 37 C.F.R. 1.313(c)(2)</u></p> <p><b>2. Miscellaneous</b></p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR §1.17(i) required)</p> <p>b. <input type="checkbox"/> Other: _____</p> <p><b>3. Fees</b> (The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.)</p> <p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account No. 04-1512.</p> <p>i. <input checked="" type="checkbox"/> RCE fee of \$790 required under 37 CFR §1.17</p> <p>ii. <input type="checkbox"/> Extension of time fee (37 CFR §§ 1.136 and 1.17)</p> <p>iii. <input type="checkbox"/> Other: _____</p> <p>b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p>															
<b>NEW CORRESPONDENCE ADDRESS</b>															
<input checked="" type="checkbox"/> Customer Number 00109 or <input type="checkbox"/> Correspondence address below															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">NAME</td> </tr> <tr> <td>ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> </table>		NAME		ADDRESS		CITY	STATE ZIP CODE								
NAME															
ADDRESS															
CITY	STATE ZIP CODE														
<b>SIGNATURE OF ATTORNEY/AGENT REQUIRED</b>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">SIGNATURE</td> <td><u>Susan Moeller Zerull</u></td> </tr> <tr> <td>NAME</td> <td>Susan Moeller Zerull</td> </tr> <tr> <td>REGISTRATION NO.</td> <td>38,367</td> </tr> <tr> <td>DATE</td> <td>November 18, 2005</td> </tr> </table>		SIGNATURE	<u>Susan Moeller Zerull</u>	NAME	Susan Moeller Zerull	REGISTRATION NO.	38,367	DATE	November 18, 2005						
SIGNATURE	<u>Susan Moeller Zerull</u>														
NAME	Susan Moeller Zerull														
REGISTRATION NO.	38,367														
DATE	November 18, 2005														
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b>															
<p>I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent &amp; Trademark Office at 571-273-8300 on: November 18, 2005</p>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">NAME</td> <td>Joslyn M. Damore</td> </tr> <tr> <td>SIGNATURE</td> <td><u>Joslyn M. Damore</u></td> </tr> <tr> <td>DATE</td> <td>November 18, 2005</td> </tr> </table>		NAME	Joslyn M. Damore	SIGNATURE	<u>Joslyn M. Damore</u>	DATE	November 18, 2005								
NAME	Joslyn M. Damore														
SIGNATURE	<u>Joslyn M. Damore</u>														
DATE	November 18, 2005														

11/21/2005 HDESS1 00000027 041512 09983535

02 FC:1801 790.00 DA

PAGE 3/8 \* RCVD AT 11/18/2005 4:00:58 PM [Eastern Standard Time] \* SVR:USPTO-EPXRF-8/27 \* DNIS:2738300 \* CSID:9898389224 \* DURATION (mm-ss):02-38

Adjustment date: 12/01/2005 AKELLEY  
 11/21/2005 HDESS1 00000027 041512 09983535  
 02 FC:1801 790.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>11-30-05</u>		2 Serial/Patent # <u>09/933525</u>																					
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 90%;">Filing - <u>RCE</u></td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing - <u>RCE</u>	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing - <u>RCE</u>																						
<input type="checkbox"/>	Amendment																						
<input type="checkbox"/>	Extension of Time																						
<input type="checkbox"/>	Notice of Appeal/Appeal																						
<input type="checkbox"/>	Petition																						
<input type="checkbox"/>	Issue																						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.																						
<input type="checkbox"/>	Maintenance																						
<input type="checkbox"/>	Assignment																						
<input type="checkbox"/>	Other																						
		<u>11-18-05</u>	\$ <u>790</u>																				
			\$																				
			\$																				
			\$																				
			\$																				
			\$																				
			\$																				
			\$																				
			\$																				
7 TOTAL AMOUNT OF REFUND		\$ <u>790</u>																					
8 TO BE REFUNDED BY:																							
10 REASON:		Treasury Check																					
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:																					
<input checked="" type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> </tr> </table>		6	4	--	1	5	1	2													
6	4	--	1	5	1	2																	
<input type="checkbox"/> No Fee Due (Explanation):																							
11 REFUND REQUESTED BY:																							
TYPED/PRINTED NAME: <u>F Hicks</u>		TITLE: <u>Pats Ex'n</u>																					
SIGNATURE: <u>F Hicks</u>		PHONE: <u>5712723218</u>																					
OFFICE: <u>2470</u>																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																							
APPROVED: <u>Alicia Kelly</u>		DATE: <u>12/1/05</u>																					

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*